

AUG 18 2008

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

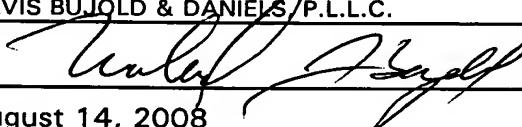
      <b>TRANSMITTAL FORM</b>	Application Number	10/577,483	<i>[Signature]</i>
	Confirmation Number	6654	
	Filing Date	with an effective filing date of October 2, 2004	
	First Named Inventor	<b>Peter TIESLER, Armin GIERLING and Peter ZIEMER</b>	
	Group Art Unit	3681	
	Examiner Name	Edwin Young	Fax: (571) 273-8300
Total No. of Pages in this Submission: 57 pgs		Attorney Docket Number	ZAHFRI P845US

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee attached - Check \$ _____	<input type="checkbox"/> Assignment papers (for an Application) <input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Amendment/Response – 16 pgs. <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Extension of Time Request (in Duplicate)	<input type="checkbox"/> To Convert a Provisional Petition <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Stmt <input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement	<input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter
<input type="checkbox"/> Response to Missing Part/s Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Request for Refund	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Copy of EP 1 678 430 B1 - 40 pgs

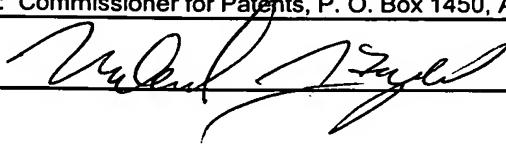
## REMARKS

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Michael J. Bujold DAVIS BUJOLD & DANIELS, P.L.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
Signature		
Date	August 14, 2008	

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on August 14, 2008.

Signature		Date: August 14, 2008 (slm)
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08/14/8

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Peter TIESLER, Armin GIERLING and Peter ZIEMER  
Serial no. : 10/577,483  
Confirmation No. : 6654  
Filed : with an effective filing date of October 2, 2004  
For : MULTISTEP AUTOMATIC TRANSMISSION  
Group Art Unit : 3681  
Examiner : Edwin Young  
Docket : ZAHFRI P845US

The Commissioner for Patents  
U.S. Patent & Trademark Office  
P. O. Box 1450  
Alexandria, VA 22313-1450

RESPONSE

Dear Sir:

[XXX] NO FEES ARE PAYABLE WITH RESPECT TO THIS RESPONSE.

In response to the official action mailed May 14, 2008, please enter the following before reconsideration of this application.

In the Claims:

Please cancel claims 53-104, without prejudice or disclaimer of the subject matter therein, in favor of new claims 105-140 as follows.